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To: Examiner Isis A.D. GHALI

Group Art Unit 1615

Fax No.: 571-273-8300

Phone No.: 571-272-0595

Application No.: 10/611,531

Atty. Docket No.: ARC 2869 N1

From: Lisa McDill for Philip S. Yip

Pages: 13, including cover.

Date: October 17, 2005

Enclosed, please find:

1. Transmittal form (1 pg.);
2. Fee Transmittal (1 pg.); and
3. Response to Office Action / Amendment (10 pp.).

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PTO/SB/21 (09-04)

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FORM**

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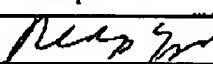
Total Number of Pages in This Submission

Application Number	10/611,531	RECEIVED
Filing Date	June 30, 2003	CENTRAL FAX CENTER
First Named Inventor	Venkataraman et al.	
Art Unit	1615	OCT 17 2005
Examiner Name	Isis A.D. GHALI	
Total Number of Pages in This Submission	11	Attorney Docket Number
		ARC 2869 N1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
	Enclosed:	
	1. Transmittal form (this sheet, 1 pg.);	
	2. Fee Transmittal (1 pg.); and	
	3. Response to Office Action/Amendment (10 pp.).	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ALZA Corporation		
Signature			
Printed name	Philip S. Yip		
Date	10/17/2005	Reg. No.	37,265

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Lisa McDill

Date

10/17/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	0.00
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Complete If Known

Application Number	10/611,531	RECEIVED
Filing Date	June 30, 2003	CENTRAL FAX CENTER
First Named Inventor	Venkatraman et al.	OCT 17 2005
Examiner Name	Isis A.D. GHALI	
Art Unit	1615	
Attorney Docket No.	ARC2869N1	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Nonc Other (please identify): _____

Deposit Account Deposit Account Number: 10-0750 Deposit Account Name: Johnson & Johnson

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) Fee (\$)
50 25

Each independent claim over 3 (including Reissues) Fee (\$)
200 100

Multiple dependent claims Fee (\$)
360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)
25	- 20 = 5	x 0	= 0	50 25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
3	- 3 or HP = 0	x 0	= 0	200 100

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

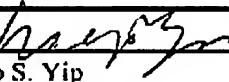
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x 250.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,265	Telephone	650-564-2195
Name (Print/Type)	Philip S. Yip			Date	October 17, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

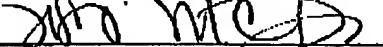
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OCT 17 2005

CERTIFICATE OF TRANSMISSION under 37 CFR § 1.8

I hereby certify that this correspondence is being facsimile transmitted to the attention of Examiner Isis A.D. GHALI, Group Art Unit 1615, at the USPTO, Fax No. 571-273-8300, on October 17, 2005.

By:  Printed: Lisa McDill

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Venkataraman et al.

Serial No.: 10/611,531

Attorney Docket No.:
ARC 2869 N1

Filed: June 30, 2003

For: TRANSDERMAL DRUG DELIVERY
DEVICES COMPRISING A
POLYURETHANE DRUG RESERVOIR

Submitted via fax
ATTN: Examiner Isis A.D. GHALI
Group Art Unit: 1615
Fax No.: 571-273-8300

RESPONSE TO OFFICE ACTION / AMENDMENT

Sir:

This Response/Amendment is being submitted in response to the Office Action mailed by the USPTO on July 19, 2005.

Please amend the application as follows:

Amendments to the Claims begin on page 2.

Remarks begin on page 6.

Atty. Docket No.: ARC 2869 N1
Serial No.: 10/611,531

Response to Office Action
mailed 07/19/2005